



STATE OF TENNESSEE

PCMH AND THL WEBINAR

LGBTQ Health: Caring for LGBTQ Patients and Families

9/30/2019

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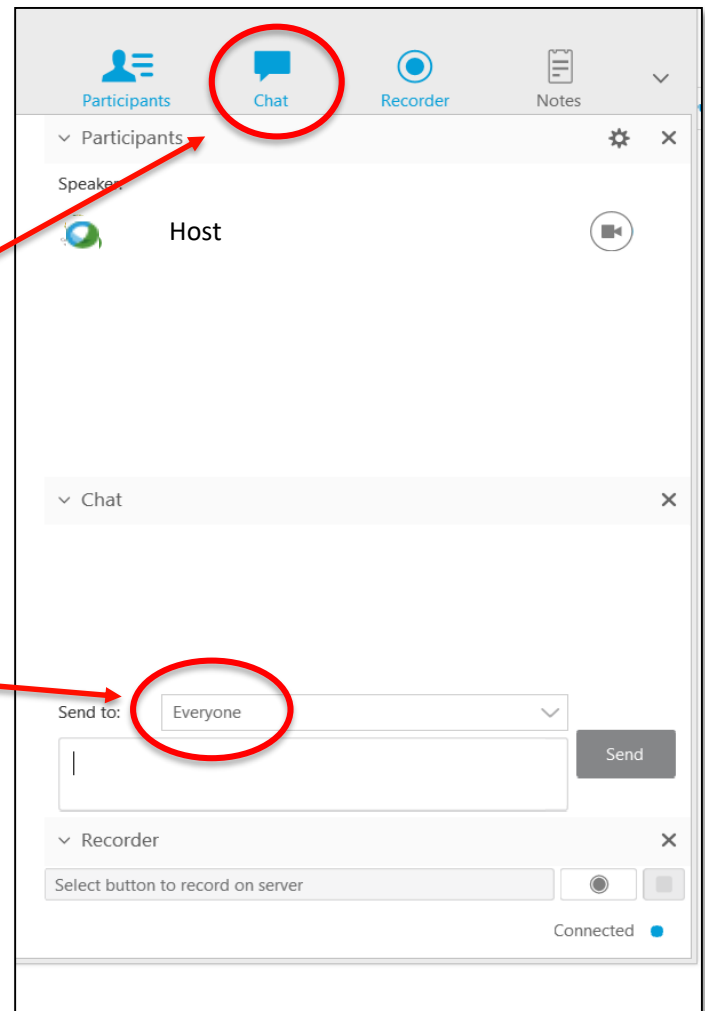
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Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the **chat box** function
- Select "Everyone" and enter your question or comment
- This will also be used during all Q&A portions of the presentation





TERMINOLOGY



Sex

A medically assigned identity based on our phenotype (physical packaging)– karyotype (XY, XX), external genitalia.

female, male, intersex

Gender Identity



Our inner sense of being a man, woman, or another gender.

“How the mind and the heart regard the body.”

**woman, man, transwoman, transman,
genderqueer**

Gender Expression



The ways in which we externally communicate our gender identity to others.

Occurs through mannerisms, clothing, body language, self expression.

feminine, masculine, androgynous, butch, femme

Sexual Identity

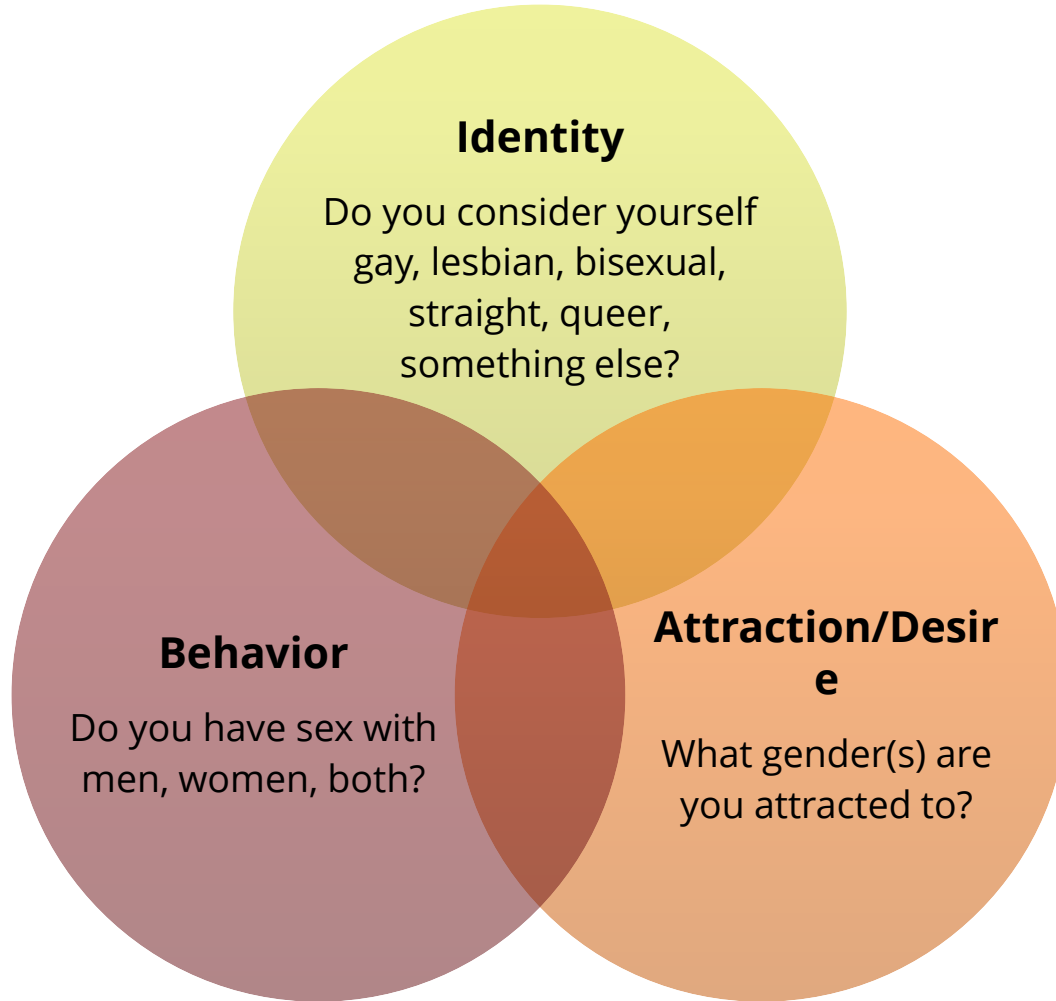
An enduring emotional, romantic, sexual, affectional, & relational attraction to other people.

Determined by the personally significant sexual or romantic attractions one has, and the way in which someone self-identifies.



**lesbian, gay, bisexual, MSM,
WSW, queer, asexual,
pansexual, straight**

Dimensions of Sexual Orientation



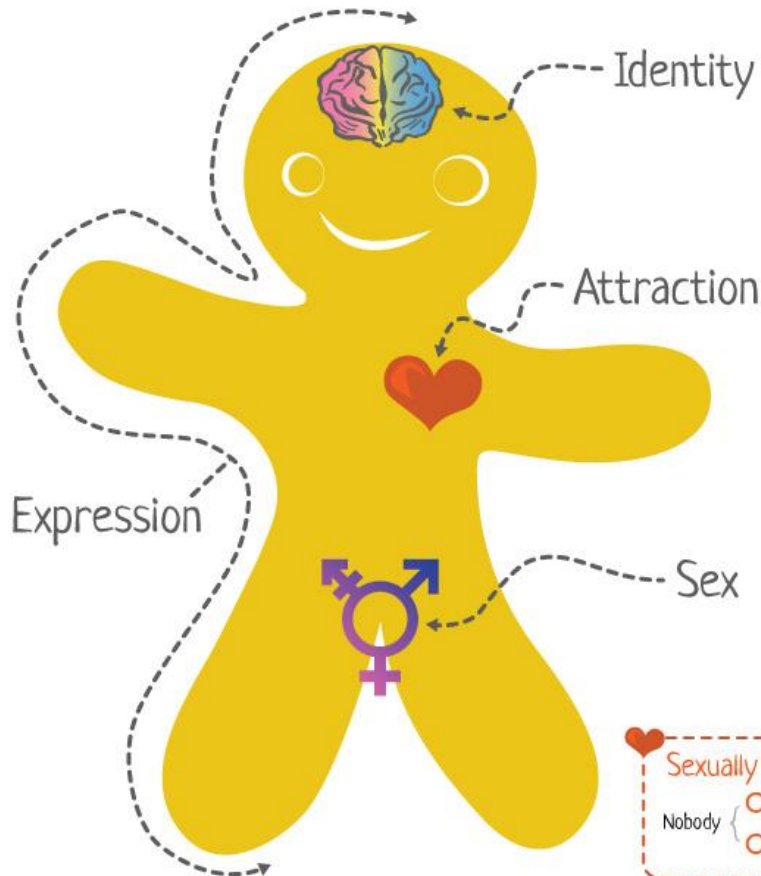
The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.

Plot a point on both continua in each category to represent your identity, combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos



Gender Identity

Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Labels: "woman", "man", "two-spirit", "genderqueer"

Gender Expression

Feminine

Masculine

The ways you present gender; through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Labels: "butch", "femme", "androgynous", "gender neutral"

Biological Sex

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair; hormones, chromosomes, etc.

Labels: "male", "female", "intersex", "MtF Female"

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

Binary Gender / Sexuality Model

- Sex
- Gender Identity
- Gender Expression/Role
- Sexual Orientation

• Male



• Man



• Masculine



• Women

• Female



• Woman



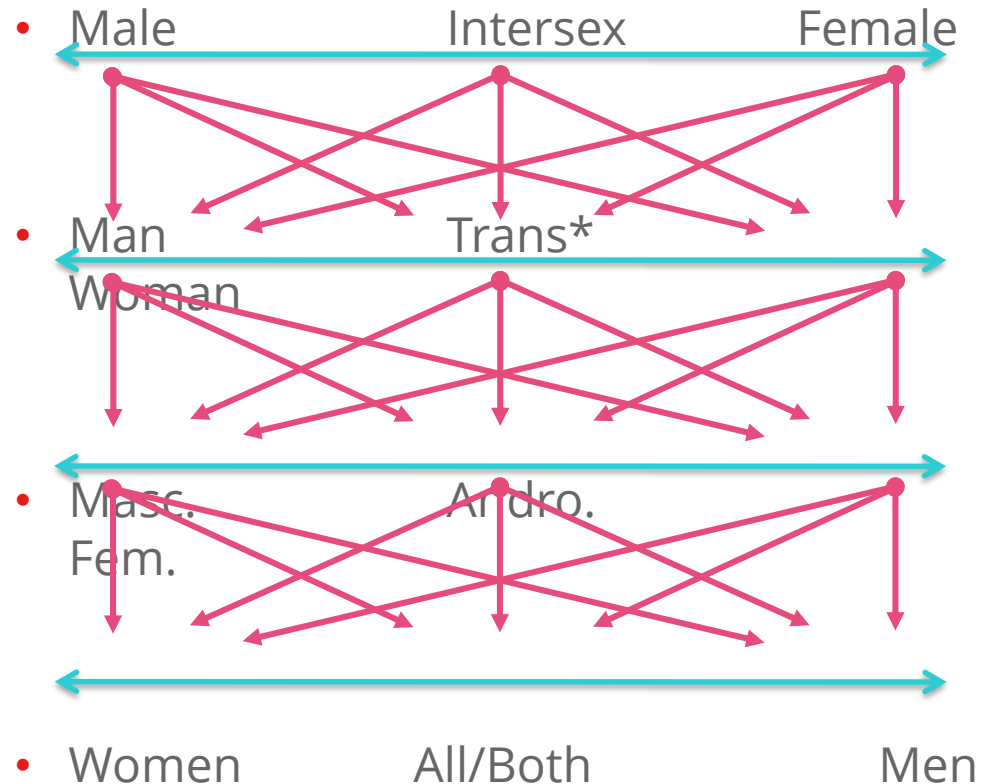
• Feminine



• Men

(More) Inclusive Model

- Sex
- Gender Identity
- Gender Expression
- Sexual Orientation

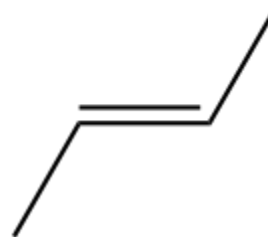


Gender

- **Transgender** – A person whose gender identity differs from their sex assigned at birth
- **Cisgender** – A person whose gender identity is concordant with their sex assigned at birth



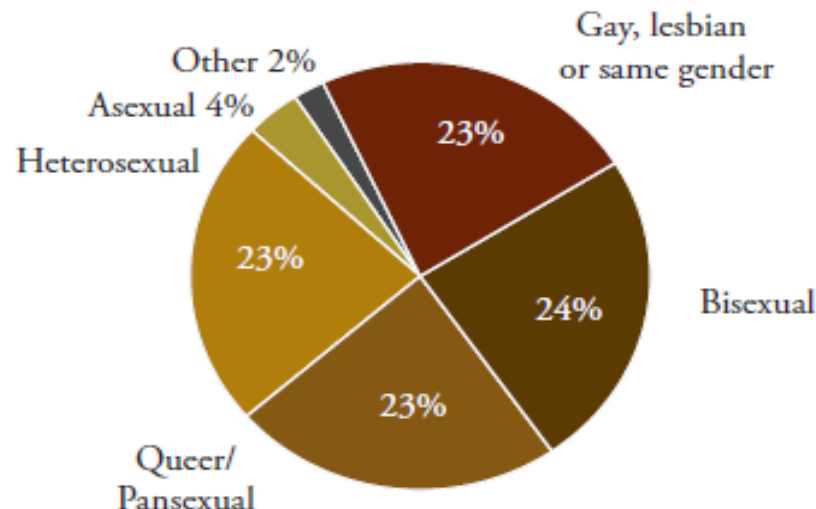
cis (Z)



trans (E)

Gender Identity ≠ Sexual Orientation

- Sexual orientation
 - How a person identifies their physical and emotional attraction to others
 - Dimensions include: desire/attraction, behavior, and identity
- All people have a sexual orientation and a gender identity
- Transgender people can be any sexual orientation



Gender Affirmation

- Gender affirmation (transition) is the process by which individuals are affirmed in their gender identity
- Transgender people may choose to make social, medical, and/or legal changes to affirm their gender identity, including:
 - Legal: e.g., changing their name and sex on birth certificate, driver's license, etc.
 - Social: e.g., clothing, pronouns, name
 - Medical: e.g., cross-sex hormones, surgery



Gender

- Transgender people use many different terms to describe themselves. These terms continue to evolve.
- Current, common terminology:
 - Transgender woman, trans woman, male-to-female (MTF)
 - Transgender man, trans man, female-to-male (FTM)

How Do I Talk About Transgender People?

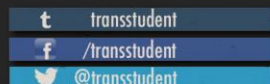
- Incorrect: "Max is transgendered."
Correct: "Max is transgender."
- Incorrect: "Max is *a transgender*,"
Correct: "Max is *a transgender person*."
- When referring to a transgender person, you should always use the person's pronouns and name.
- Transgender women should NEVER be referred to as male or as men. Transgender men should NEVER be referred to as female or as women.
- **What terminology is offensive (or outdated)?**
 - Transvestite
 - She-male
 - He-she
 - It
 - Transsexual (pathologizing)
 - Tranny
 - Hermaphrodite
 - Pre-Op/Post-Op
 - Sex Reassignment Surgery

Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Norm	Objective	Possessive Pronoun	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landyn Pan



For more information,
go to transstudent.org/graphics

TSER
Trans Student Educational Resources

Please Check Your Title

Mr ☐ Mrs ☐ Miss ☐

Ms ☐ Dr ☐ Mx ☐

Differences in Sex Development (DSD)

- An individual whose external phenotype (genitalia) and internal sex organs (uterus, testes, ovaries) differ from what is expected based on karyotype (XY, XX)
- Sometimes referred to as “intersex”
- DSD people are occasionally grouped with transgender people, but they are not the same
 - Special and specific health care needs
- For more information on DSD/intersex, visit: www.dsdguidelines.org and www.isna.org



WHY DISCUSS LGBTQ HEALTH?

Why Discuss LGBTQ Health?

- There are significant LGBTQ health disparities
 - Health outcomes and treatment
 - Access to care
 - Lack of culturally competent care
- Healthcare providers can contribute to these disparities
 - Negative environment
 - Bias and discrimination
 - Lack of appropriate education
 - Poor cultural sensitivity / communication
 - Limited outreach and advocacy
- LGBTQ Health Outcomes
 - Three to seven times increased risk for suicide
 - 10% report attempted suicide in the past year
 - Increased risk for obesity, cardiovascular disease, and cancer
 - Almost 40% of homeless adolescents are LGBTQ
- LGBTQ Access to Care
 - Two times more likely to be uninsured
 - 56% of LGB and 70% of transgender patients report bias/discrimination when accessing care
 - Pronounced in minority, rural, and lower income LGBT patients



WHAT ARE FACTORS THAT CONTRIBUTE TO LGBTQ HEALTH DISPARITIES?

Mental Health Disparities in LGBTQ People: Contributing Factors

- Minority stress
 - Theory developed to explain why minority individuals (including sexuality and gender minorities) often suffer physical and mental health experience disparities
 - LGBTQ people face difficult social situations that lead to poor health, including prejudice and discrimination, unequal socioeconomic status, and limited access to healthcare
 - Environmental factors explain minority health disparities better than do genetic factors

Mental Health Disparities in LGBTQ People: Contributing Factors

- External stressors:
 - Experiences with prejudice, rejection, and discrimination
 - Can lead to internal stressors, including internalized homophobia, remaining in the closet, and vigilance and anxiety about prejudice

Internal and external stressors →

Chronically high levels of stress →

POOR HEALTH OUTCOME

Mental Health Disparities in LGBTQ People: Contributing Factors

- Internalized sexual prejudice
 - Commonly known as “internalized homophobia”
 - Negative beliefs, stereotypes, stigmas, and prejudices about homosexuality and LGBTQ identity held by LGBTQ people about themselves, whether or not they identify as LGBTQ
 - Creates a conflict between a person’s idealized self-image and his or her actual sexual orientation
 - The person may not be fully consciously aware of this conflict

Mental Health Disparities in LGBTQ People: Contributing Factors

- Internalized sexual prejudice
 - People with high levels of internalized sexual prejudice tend to hold negative views of their own sexual orientation, ranging from mild discomfort to outright disapproval
 - Chronic internal conflict and negative self-judgment leads to chronic anxiety, depression, repression of sexual desire, forced attempts at heteronormative behavior, and desperate attempts to change one's sexual orientation
 - Likely related to the **high rate of self-harm behaviors**, substance use, risk-taking behaviors, and suicide among LGBTQ youth and adults

Mental Health Disparities in LGBTQ People: Contributing Factors

- Co-occurring risk factors
 - Poor family or social support, lack of education, homelessness, substance use, chronic physical illness, psychiatric disorders, discrimination, and hate crimes
 - While heterosexuals experience these stressors, they are far more prevalent among LGBTQ persons



“Coming Out”

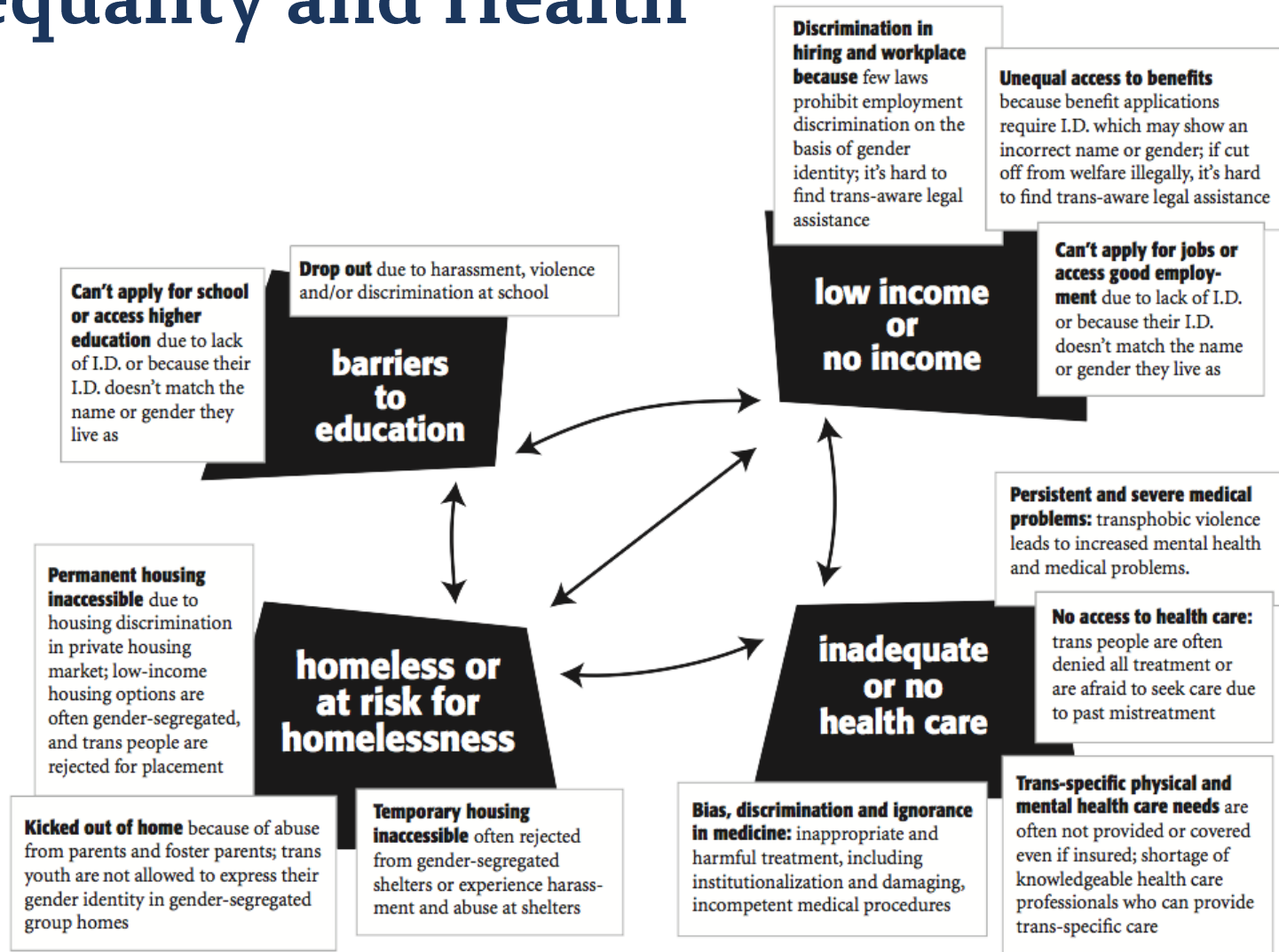
- “**Coming out**” or “**coming out of the closet**” is process of disclosing one’s sexual orientation and/or gender identity
 - Highly individual and uniquely personal experience
 - Influenced by patient’s personality, development, resources, family, social environment, cultural background
 - No single “correct” or “best” way to come out
- Process of coming out as LGBTQ to oneself and others can be understood as a developmental process that proceeds through a series of milestones
 - Variety of different models explaining the emergence of positive self-identity among people with minority sexual orientation or gender identity

“Coming Out” Milestone Events

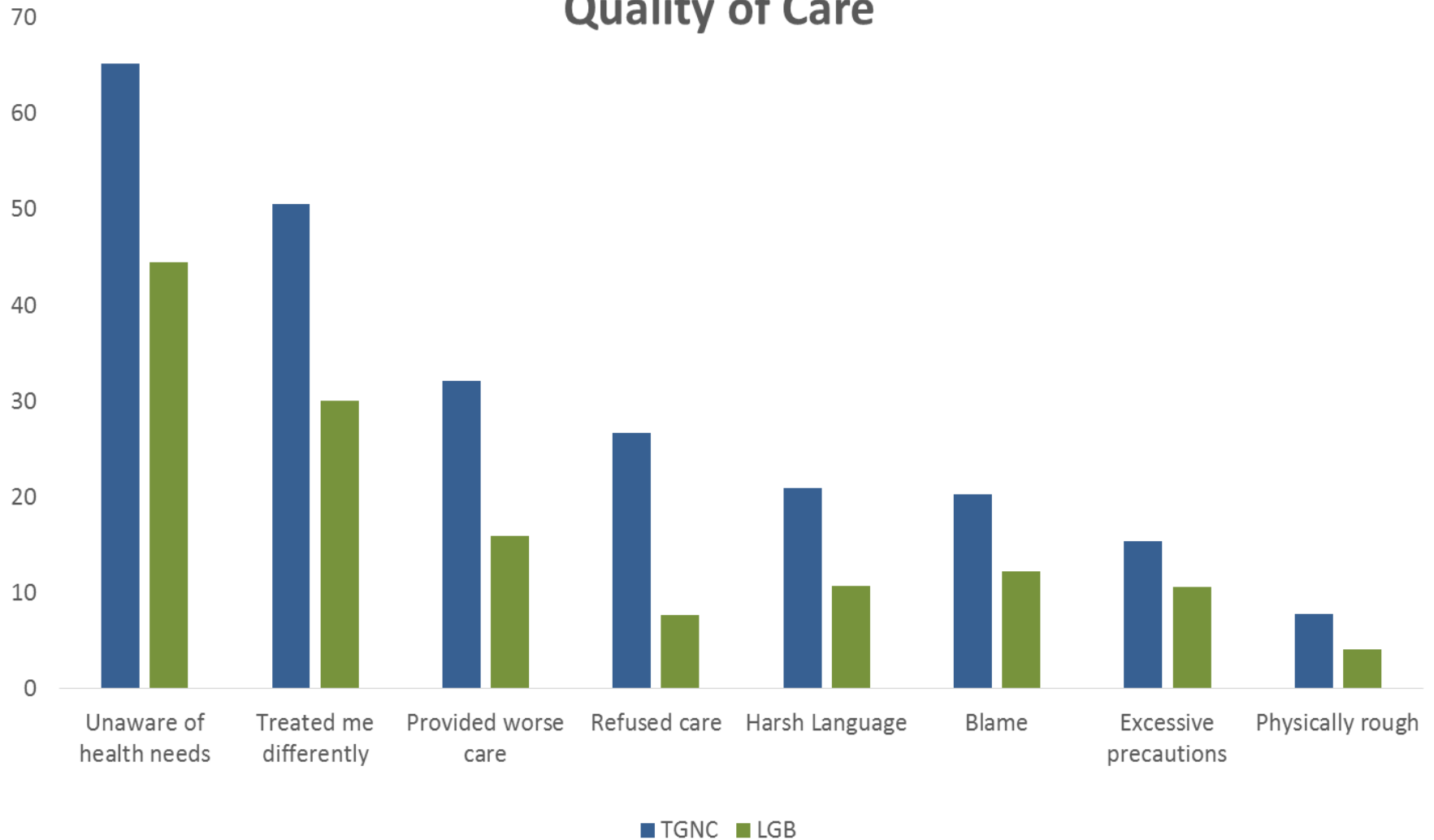
- Models of lesbian, gay, and bisexual identity development generally include variations of these milestone events:
 - Feeling different from peers
 - Same-sex attractions
 - Questioning assumed heterosexuality
 - Experimenting with sexual behaviors
 - Self-identification
 - Disclosure
 - Romantic relationships
 - Self-acceptance and synthesis



Inequality and Health



Health Care Access: Quality of Care



Low Uptake of Preventive Services

- Delayed health screenings due to avoidance of care can lead to advanced staging of chronic conditions at first diagnosis, and premature death

Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review

[Gracye Alencar Albuquerque](#)[✉], [Cintia de Lima Garcia](#), [Glauberito da Silva Quirino](#), [Maria Juscinaide Henrique Alves](#), [Jameson Moreira Belém](#), [Francisco Winter dos Santos Figueiredo](#), [Laércio da Silva Paiva](#), [Vânia Barbosa do Nascimento](#), [Érika da Silva Maciel](#), [Vitor Engrácia Valenti](#), [Luiz Carlos de Abreu](#), and [Fernando Adami](#)

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Abstract

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Background

The relationship between users and health services is considered essential to strengthen the quality of care. However, the Lesbian, Gay, Bisexual, and Transgender population suffer from prejudice and discrimination in access and use of these services. This study aimed to identify the difficulties associated with homosexuality in access and utilization of health services.

Method

A systematic review conducted using PubMed, Cochrane, SciELO, and LILACS, considering the period from 2004 to 2014. The studies were evaluated according to predefined inclusion and exclusion criterias. Were included manuscripts written in English or Portuguese, articles examining the Lesbian, Gay, Bisexual, and Transgender population's access to health services and original articles with full text available online.

Results

The electronic databases search resulted in 667 studies, of which 14 met all inclusion criteria. Quantitative articles were predominant, showing the country of United States of America to be the largest producer of research on the topic. The studies reveal that the homosexual population have difficulties of access to health services as a result of heteronormative attitudes imposed by health professionals. The discriminatory attendance implies in human rights violations in access to health services.

Conclusions

The non-heterosexual orientation was a determinant factor in the difficulties of accessing health care. A lot must still be achieved to ensure access to health services for sexual minorities, through the adoption of holistic and welcoming attitudes. The results of this study highlight the need for larger discussions about the theme, through new research and debates, with the aim of enhancing professionals and services for the health care of Lesbian, Gay, Bisexual, and Transgender Persons.

Keywords: Homosexuality, Comprehensive health care, Health services, Health services accessibility



OVERVIEW OF PHYSICAL AND MENTAL HEALTH CONCERNS

Mental Health Concerns

- Suicide
- Mood Disorders
- Anxiety Disorders
- PTSD
- Body Image / Eating Disorders
- Substance Use Disorders
- Personality Disorders



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Adolescent Mental Health

- Suicide is 2nd leading cause of death in adolescents 15-24 years of age
- LGBT youth three times more likely to consider suicide than their peers
- LGBT youth have higher rates of completed suicide
 - Rates are highest in TG youth
- LGBT students are up to five times more likely than other students to report substance use of any kind

School Safety

- 57.6% of LGBTQ students felt unsafe at school because of their sexual orientation
 - 43.3% because of their gender expression
- 31.8% of LGBTQ students missed at least one entire day of school in the past month because they felt unsafe or uncomfortable
 - 10.0% missed four or more days in the past month
- More likely to be bullied:
 - School: 34% LGBT vs. 19% heterosexual
 - Online: 28% LGBT vs. 14% heterosexual

Health Concerns for Lesbian and Bisexual Women

- Women who have sex with women have higher rates of:
 - Breast Cancer
 - Ovarian and Cervical Cancer
 - Colon Cancer
 - Substance Use; including illicit substances, alcohol, and tobacco
 - Heart Disease
 - Depression and Anxiety
- Women who have sex with women...
 - Face challenges in finding friendly and knowledgeable providers
 - Are more likely to delay care

Health Concerns for Gay and Bisexual Men

- Men who have sex with men have higher rates of:
 - HIV/AIDS
 - Anal Papilloma
 - Hepatitis A and B
 - Substance and Alcohol Abuse/Dependence
 - Tobacco Use
 - Depression and Anxiety
 - Prostate, Testicular, and Colon Cancer
 - Intimate partner violence
 - Eating Disorders
- Men who have sex with men...
 - Face challenges in finding friendly and knowledgeable providers
 - Are more likely to delay care

Sexually Transmitted infection in the LGBTQ Population

- LGBT patients have higher rates of STIs than the general U.S. population
 - Less likely to have STI screening
 - STI burden is higher at baseline in adolescents (1/2 of all new infections each year)
- HIV in Transgender Population
 - Respondents were living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%)
 - HIV rates were higher among transgender women (3.4%), especially transgender women of color
 - Nearly one in five (19%) Black transgender women were living with HIV
 - American Indian (4.6%) and Latina (4.4%) women also reported higher rates

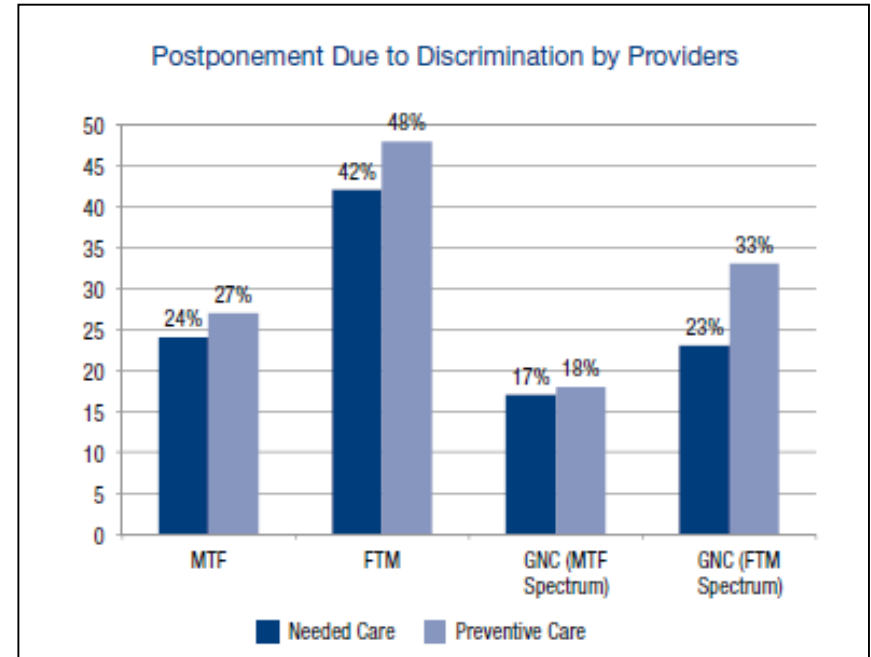
Transgender People and Violence

- 30 to 60 percent of transgender people are victims of physical assault or abuse.
- Between 40 to 70% percent are victims of sexual assault.
- Highest if TG Women of color ages 15 to 34
 - Murder rate: 1/12,000 vs 1/2600
 - Life Expectancy: 31 years of age



Transgender Patient Healthcare Experience

- Transgender communities:
 - Are currently underserved
 - Are more likely to delay care due to fear of discrimination or past negative experiences
 - Face challenges in finding friendly and knowledgeable providers
 - Higher rates of depression, anxiety and suicide
 - Higher incidence of HIV/AIDS





HOW CAN WE DO A BETTER JOB?

Assessment and Treatment of the LGBT Population

- Create a welcoming practice:
 - Consider the overall experience of LGBT patients seeking care. Creating a safe space will help patients feel comfortable and share critical information.
 - Do you have pride symbols, “**safe space**” stickers, or LGBT-themed **magazines** in the waiting area?
 - Are all staff trained on how to maintain a safe and welcoming environment?
 - Do you have a **gender neutral bathroom** for trans patients?

Assessment and Treatment of the LGBT Population

- Practice forms: paperwork sets tone for encounter. Inclusive intake forms might ask:
 - What is your gender? (male, female, transgender [male to female], transgender [female to male], gender non-conforming, other, declines to answer)
 - What sex were you assigned at birth? (male, female, or something else)
 - What is your sexual orientation? (include heterosexual, gay, lesbian, bisexual, queer, other, and declines to answer)
 - What sex/gender are your sexual partners? (Check all that apply – options include none, male, female, or transgender)

Assessment and Treatment of the LGBT Population

- Language: follow the patient's example in using words to describe sexual orientation and gender identity.
 - If uncertain, ask directly – for example, “What name would you like me to use when addressing you?”
 - What pronouns would you like me to use when speaking about you with other providers?
 - Who have you brought with you today?

Assessment and Treatment of the LGBT Population

WHAT SHOULD I ASK?



Your patient just told you they are transgender

- What should I ask?
 - Is there a name that you prefer that is different from what is on your chart?
 - Is there a gender pronoun that you prefer that is different than what is on your chart?
 - Make sure your questions are “clinically relevant” and for the benefit of the patient
- What shouldn't I ask?

Your patient just told you they are transgender...

- What should I ask?
 - Is there a name that you prefer that is different from what is on your chart?
 - Is there a gender pronoun that you prefer that is different than what is on your chart?
 - Make sure your questions are “clinically relevant” and for the benefit of the patient
- What shouldn't I ask?
 - Any question that is more about personal curiosity than the patient's benefit
 - Any question that is clinically irrelevant
 - Build trust and rapport with your patient before asking them personal questions (just like anybody else)
 - Be aware that trans people are often asked intrusive questions by strangers and may be wary

Vanderbilt's Trans Buddy Program

The Trans Buddy Program's goal is to increase access to care and improve healthcare outcomes for transgender people by providing emotional support to transgender patients during healthcare visits. We emphasize a patient-centered approach, with the goal of empowering the patient to make informed healthcare decisions. Trans Buddy recognizes the importance of intersectionality to our direct care practice, and we therefore aim to work with people of all identities with compassion and respect.

CONTACT US: (615) 875-2833

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Examples of Integrated Health Services

Tennessee Health Link

1. Comprehensive care management
2. Care coordination
3. Health promotion
4. Transitional care
5. Patient and family support
6. Referral to social supports

PCMH

1. Patient-centered access
2. Team-based care
3. Population health management
4. Care management support
5. Care coordination and care transitions
6. Performance measurement and quality improvement

Questions





APPENDIX

Vanderbilt LGBTQ Health

Team Members:

Mary Romano, M.D., M.P.H.
 Cassie Brady, M.D.
 Shayne Taylor, M.D.
 Adam Huggins, M.D.
 Julian Winocour, M.D.
 Del Ray Zimmerman – Director, LGBTQ Health
 Keanan Gottlieb – Research Analyst
 Shawn Reilly– Trans-Buddy Coordinator
 Jesse Ehrenfeld, M.D., M.P.H. – Director Emeritus

Program History:

- Office formed in 2012 – 2nd program in the nation
- Encompasses health education, clinical care, research
- Trans Health Clinics launched in 2018

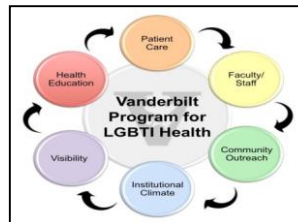
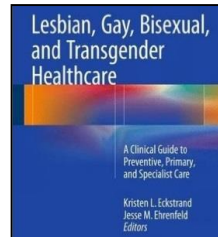
Trans-Buddy Program

- Transgender specific patient navigator program
- Launched in 2015, provides free support for patients via trained volunteers (students can volunteer!)



Scholarship

- External funding in LGBTQ health from NIH, RWJF, LHF
- Published definitive clinical textbook in LGBT health
- Each year we provide on average 50 presentations and trainings



National Leadership

- AMA Board of Trustees
- GLMA Board of Directors
- AAMC LGBT Advisory Committee



Awards Received

- HRC Healthcare Equality Index Leadership Award
- Tennessee Hospital Association Diversity Award
- Nashville LGBT Chamber of Commerce Award
- Strobel Volunteer Award (Trans-Buddy finalist)

Selected Peer Reviewed Papers

- Important Considerations for Addressing LGBT Health Care Competency. *Am J Public Health*. 2015 Nov; 105 (11).
- The Opportunity for Medical Systems to Reduce Health Disparities Among Lesbian, Gay, Bisexual, Transgender and Intersex Patients. *J Med Syst*. 2015 Nov; 39 (11): 178.
- Transforming a Curriculum to Progress the Associate Degree Nurse to Advanced Practice. *Nurse Educ*. 2015 Sep-Oct; 40 (5): 241-3.
- A Systematic Review of the Literature on Weight in Sexual Minority Women. *Womens Health Issues*. 2015 Mar-Apr; 25 (2): 162-75.
- An Ecological Framework for Sexual Minority Women's Health: Factors Associated with Greater Body Mass. *J Homosex*. 2015; 62 (7): 845-82.

Additional Training Opportunities for Medical Students

- Sex, Sexuality, and Sexual Health
- Sexual Medicine and Reproduction – Integrated Science Course
- LGBTI Health in Interdisciplinary Practice
- LGBTI Health Certificate Program

Resources to LGBTQ People

Organization	Use
Vanderbilt Program for LGBTQ Health	Finding a provider
PFLAG Nashville (and other locales)	Support for friends and family
GLSEN Tennessee	Support in schools
Oasis Center	LGBTQ Youth Programs
Lambda Legal	Legal support
American Civil Liberties Union (ACLU)	Legal support
The Trevor Project	LGBT-focused suicide hotline
Tennessee Equality Project	Advocacy/political action
TVALS	Transgender support group